

FILED APR 3 1953

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12777

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>875</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Florissant</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Florissant</u>		OR TOWN <u>4050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teson Road</u>				d. STREET ADDRESS (If rural, give location) <u>R#3-Box 331 Florissant</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Peter</u>		b. (Middle) <u>John</u>		c. (Last) <u>Thebeau</u>	
4. DATE OF DEATH		(Month) <u>Mar.</u>		(Day) <u>20</u>		(Year) <u>1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 18, 1885</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Florissant, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Thebeau</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Aubuchon</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Esther Thebeau</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Esther Thebeau</u> ADDRESS <u>Florissant, Mo. R#2</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sulmonary T.B.C.</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.					
		DUE TO (b) <u></u>					
		DUE TO (c) <u></u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastatic meningitis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-26</u> , 19 <u>53</u> , to <u>Mar 20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 20</u> , 19 <u>53</u> , and that death occurred at <u>4:05 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. H. Baker M.D.</u> (Degree or title)		23b. ADDRESS <u>202 W. Main St. St. Charles, Mo.</u>		23c. DATE SIGNED <u>3/23/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-24-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-23-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dunkel-M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumann Bros. Inc.</u> ADDRESS <u>2504-Woodson Rd-Overland-14-Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.